1995 1995	TDDD6702				NODELL CAROLINA		DACE.	1	
Temperature	IPDR6702 RUN DATE:	11/19/2006		IPRS	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE:	1	
		1		1	FINANCIAL PAYER: NCDMH				
Marie Mari									
MICHIELD MARE 1996 1987	PROVIDER		HIGH DENIAL	NUMBER OF		MNC	moma i		
100 100		PROVIDER NAME			DESCRIPTION				
MANUARY 19		THOUTSELV HEEL				Danzing	DIMITIES	111111111111111111111111111111111111111	111111
MATERIAL PARTY SANGER MATE	3404901	SMOKY MOUNTAINM	8599	1119					
137 137		H/DD/SAS							
					BENEFIT PACKAGE.				
			79	157	THIS SERVICE IS NOT PAYABLE TO		1614	2460	854
14 15 15 15 15 15 15 15						· ·	1014	2400	034
15					PROVIDER TYPE AND SPECIALTY IN				
15									
NAMES NAME			537	127					
State					HIS DATE OF SERVICE				
State									
State	3404904	WPOWPDN UTCUTAN	3413	115	PROVIDER TYPE AND SPECIALTY 07				
					BENEFIT SERVICES ON OR AFTER D				
PACTED NAME OF THE ACTION OF									
			8534	71		0	431	8331	7900
					THOUSEN. FRENCE VENTET THE F				
			8518	68	CLAIM DENIED, SUBMITTED BEYOND				
100 100					FILING TIMELIMIT. PRIOR				
					FISCAL YEAR DOS (JULY 1 - JUNE				
1	3404910	PATHWAYS	11	153					
					DAIL				
STATE OF ACCURATE DATA COMPAND BY COMBINAT 100 OF RECTEINT, PROVIDER AND 200 OF RECTEINT, PROVIDER AND SPECIALTY OF 200 OF RECTEINT, PROVIDER AND SPECIAL OF 200 OF RECTEINT, PROVID									
			21	93	DUPLICATE OF CLAIM-SYSTEM	56	392	3419	3027
			0500	50	DESCRIPTION OF THE PROPERTY OF				
			8599	52					
MATE									
MATAL MALE	3404912	CATAWBA COUNTYM	11	2	CLIENT NOT ELIGIBLE ON SERVICE				
		ENTAL HEALT			DATE				
			101	2	CITEMS IN NUMBER PORC NOS MASS				
			191	-		1	5	786	781
RECKLENBURG COM 0 0 0 *** NO DATA TO REPORT *** 2017AL HEALT									
RECKLENBURG COM 0 0 0 *** NO DATA TO REPORT *** 2017AL HEALT									
MECKLENBURG COM 0 0 0 0 0 0 0 0 0			8935	1					
ENTAL HEALT ENTAL HEALT D O O O O O O O O O O O O					RVICES IN IPRS.				
ENTAL HEALT ENTAL HEALT D O O O O O O O O O O O O									
ENTAL HEALT ENTAL HEALT D O O O O O O O O O O O O	3404913		0	0	*** NO DATA TO REPORT ***				
3404916 CROSSROADS BEHA 79 20 THIS SERVICE IS NOT PAYABLE TO YUGRAL HEAL PROVIDER TYPE AND SPECIALTY IN 3412 18 PROVIDER TYPE AND SPECIALTY OF 0 66 1729 14 1713 CANNOT BILL ENHANCED 3411 12 PROVIDER TYPE AND SPECIALTY OF 3411 PROVIDER		HEAD!	1	1		†			
3404916 CROSSROADS BEHA 79 20 THIS SERVICE IS NOT PAYABLE TO YUGRAL HEAL PROVIDER TYPE AND SPECIALTY IN 3412 18 PROVIDER TYPE AND SPECIALTY OF 0 66 1729 14 1713 CANNOT BILL ENHANCED 3411 12 PROVIDER TYPE AND SPECIALTY OF 3411 PROVIDER									
VIORAL HEAL			0	0		0	0	0	0
VIORAL HEAL									
VIORAL HEAL	3404916	anaganasna	79	20	THIS SERVICE IS NOT PAYABLE TO				
PROVIDER TYPE AND SPECIALTY IN 1412 18			-	-			1		
3412 18 PROVIDER TYPE AND SPECIALTY 07 0 66 1729 11 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D 3411 12 PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D 3404917 CENTERPOINT HUM 3412 175 PROVIDER TYPE AND SPECIALTY 07 AN SERVICES 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D ENHEFIT SERVICES ON OR AFTER D 11 150 CLIENT NOT ELIGIBLE ON SERVICE 0 776 3835 31 DATE 8534 130 SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING		. LONGIE HERE							
4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D 3411 12 PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D 3404917 CENTERPOINT HUM 3412 175 PROVIDER TYPE AND SPECIALTY 07 AN SERVICES 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D 4/113 CANNOT BILL ENHANCED DESCRIPTION OF A MAIN OF AFTER D BENEFIT SERVICES ON OR AFTER D DATE 11 150 CLIENT NOT ELIGIBLE ON SERVICE DATE DATE 18 19 10 10 11 150 150 151 151 152 153 153 153 154 155 155 155 156 157 157 157 158 158 158 158 158									
BENEFIT SERVICES ON OR AFTER D			3412	18		0	66	1729	1663
Second S									
4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D 3404917 CENTERPOINT HUM 3412 175 PROVIDER TYPE AND SPECIALTY 07 AN SERVICES 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D ENHANCED 11 150 CLIENT NOT ELIGIBLE ON SERVICE 0 776 3835 31 DATE DATE 18 8534 130 SERVICE FACILITY LOCATION IS N OT A VALID TERS ATTENDING			-	1	DENDETIT SERVICES ON OR AFTER D				
4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D 3404917 CENTERPOINT HUM 3412 175 PROVIDER TYPE AND SPECIALTY 07 AN SERVICES 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D ENHANCED 11 150 CLIENT NOT ELIGIBLE ON SERVICE 0 776 3835 31 DATE DATE 18 8534 130 SERVICE FACILITY LOCATION IS N OT A VALID TERS ATTENDING			3411	12	PROVIDER TYPE AND SPECIALTY 07				
3404917 CENTEROINT HUM 3412 175 FROVIDER TYPE AND SPECIALTY 07		+	+				 		
AN SERVICES					BENEFIT SERVICES ON OR AFTER D				
AN SERVICES									
BENEFIT SERVICES ON OR AFTER D	3404917		3412	175					
11 150 CLIENT NOT ELIGIBLE ON SERVICE 0 776 3835 3(DATE		AN SERVICES							
DATE DATE DATE SSS4 SSS54 SSS54 SSS55 SS					DENDITI OBNITORO ON ON AFTER D		+		
DATE DATE DATE SSS4 SSS54 SSS54 SSS55 SS			11	150	CLIENT NOT ELIGIBLE ON SERVICE		77.0	2025	3059
OT A VALID IPRS ATTENDING						0	//6	3835	3009
OT A VALID IPRS ATTENDING									
OT A VALID IPRS ATTENDING									
			8534	130					
FROVIUGA. FLEASE VEKIFI THE F				1					
					PROVIDER. PLEASE VERIFY THE F				
							+		

	1		1	1	I	I.	I	
PROVIDER		HIGH DENIAL	NUMBER OF		TINIC	moma i	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	PAID
3404919	GUILFORD CO MEN	8518	258	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR				
	TAL HEALTHC			FISCAL YEAR DOS (JULY 1 - JUNE				
		24	252	PROCEDURE CODE, PROCEDURE/MODI	17	979	11381	1040
				FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
				CODE/TIPE OF SERVICE COMBINATI				
		8599	222	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404920		8505	2622	CLAIM DENIED DUE TO INSUFFICIE				
3404320	ALAMANCE CASWEL L AREA MH D	0303	2022	NT BUDGET				
	E AREA MIL D							
		11	100	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	2722	2722	- 1
				DAIL				
3404921	ORANGE PERSON C	8536	576	ATTENDING PROVIDER TYPE AND SP				
	HATHAM AREA			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8599	360	DETAIL NOT COVERED BY COMBINAT				
		5555	200	ION OF RECIPIENT, PROVIDER AND	0	1631	4812	318:
		1		BENEFIT PACKAGE.				
		21	188	DUPLICATE OF CLAIM-SYSTEM	-		-	
		1						
 								
3404922	THE DURHAM CENT	3411	2186	PROVIDER TYPE AND SPECIALTY 07				
	ER			4/113 CANNOT BILL ENHANCED				
ļ				BENEFIT SERVICES ON OR AFTER D				
		21	351	DUPLICATE OF CLAIM-SYSTEM				
					26	3047	8876	582
		191	182	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404923	FIVE COUNTY MH	11	177	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
<u> </u>		8536	117	ATTENDING PROVIDER TYPE AND SP	0	386	0614	222
				ECIALTY COMBINATION IS NOT	0	386	2614	2221
				VALID FOR SUBMITTED BILLING PR				
		8518	48	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
3404925	SANDHILLS CENTE	120	312	CLIENT ID NUMBER MISSING OR IN				
	R FOR MH/DD			VALID. ENTER CID AND SUBMIT			-	
	-	1		AS A NEW CLAIM				
		8599	247	DETAIL NOT COVERED BY COMBINAT	162	1309	671.4	540
				ION OF RECIPIENT, PROVIDER AND	102	1309	6714	540
				BENEFIT PACKAGE.				
		11	160	OLIENW NOW BLICIBLE ON CREATER				
	+	11	168	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		1						
3404926	SOUTHEASTERN RE	8518	594	CLAIM DENIED, SUBMITTED BEYOND				
	G MENTAL HL			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		21	333	DUPLICATE OF CLAIM-SYSTEM		1000	0.401	101
		1			11	1337	2401	106
	1	1						
				1	1			
		23	132	SERVICE REQUIRES PRIOR APPROVA				
		23	132	SERVICE REQUIRES PRIOR APPROVA				
		23	132	SERVICE REQUIRES PRIOR APPROVA L				
3404927	CUMBERLAND CO M	23	132	L DETAIL NOT COVERED BY COMBINAT				
3404927	CUMBERLAND CO M			L DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404927				L DETAIL NOT COVERED BY COMBINAT				
3404927		8599	10	L DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927				L DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	20	403	38
3404927		8599	10	L DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	0	20	403	38:
3404927		8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE	0	20	403	38:
3404927		8599	10	L DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	0	20	403	38:

			I				TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	8535	2	SERVICE FACILITY LOCATION WAS				
	MNTL HLTHC			NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		0	0		0	2	66	6
3404931	WAKE CO HUM SVC	8599	62	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.		<u> </u>		
		191	0	CLIENT ID NUMBER DOES NOT MATC				
		131	3	H PATIENT NAME	0	92	182	9
				I FAILENI WANE				
		8536	6	ATTENDING PROVIDER TYPE AND SP		 		
				ECIALTY COMBINATION IS NOT		-		
				VALID FOR SUBMITTED BILLING PR		-		
						-		
3404933	SOUTHEASTERN CT	21	245	DUPLICATE OF CLAIM-SYSTEM		-		
	R FOR MH/DD					-		
	R FOR MR/DD							
			1			+		-
		11	114	CLIENT NOT ELIGIBLE ON SERVICE	1	422	2714	229
			1	DATE	1	422	2/14	225
			1			+		
						+		
	+	120	18	CLIENT ID NUMBER MISSING OR IN		+		
				VALID. ENTER CID AND SUBMIT		+		
				AS A NEW CLAIM		+		
3404934	ONSLOW CARTERET	8535	148	SERVICE FACILITY LOCATION WAS				
	BEHAV HEAL			NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		8534	107	SERVICE FACILITY LOCATION IS N	1	493	1106	61
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		3411	103	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	
3404936	WILSON-GREENE M	79	4	THIS SERVICE IS NOT PAYABLE TO				
	ENTAL HEALT			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	1	DETAIL NOT COVERED BY COMBINAT	0	5	753	7.4
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404937	EDGECOMBE NASH	21	42	DUPLICATE OF CLAIM-SYSTEM			<u> </u>	
	MNTL HLTH C					<u> </u>		
						<u> </u>		
		0510	20	OTATA DENTED OVERVENED				
		8518	30	CLAIM DENIED, SUBMITTED BEYOND	0	73	3407	333
				FILING TIMELIMIT. PRIOR			<u> </u>	
			1	FISCAL YEAR DOS (JULY 1 - JUNE				
		0.651	1	ONLY BOILD TINING STIONED PER MO			<u> </u>	
		8651	1	ONLY FOUR UNITS ALLOWED PER MO			<u> </u>	
				NTH			<u> </u>	
			1			 	 	
3404939	<u> </u>	11	18	CLIENT NOT ELIGIBLE ON SERVICE		 	 	
3404333	NEUSE MENTAL HE			DATE		 		1
	ALTH CENTER		1			 	 	
			-			 		1
	+	79	2	THIS SERVICE IS NOT PAYABLE TO				
_		1.5	-		0	23	262	23
	1	1	1	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		1		INOVIDER TIPE AND SPECIALTY IN			<u> </u>	
								1
		1500	9	CIAIM DENIED TERATMENT HAS D			-	-
		1588	2	CLAIM DENIED. TREATMENT HAS B				
		1588	2	EEN RENDERED BY				
		1588	2					

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404041		0.510	0005	OTATA DEVITED GUDATEEDD DEVOYD				
3404941	PITT CO MH/DD/S	8518	2835	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR				
	AS CENTER			FISCAL YEAR DOS (JULY 1 - JUNE				
		8534	369	SERVICE FACILITY LOCATION IS N	0	3434	4301	867
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		21	111	DUPLICATE OF CLAIM-SYSTEM				
3404942	ROANOKE CHOWANH	79	3	THIS SERVICE IS NOT PAYABLE TO				
	UMAN SERVIC			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8518	3	CLAIM DENIED, SUBMITTED BEYOND	0	10	182	172
				FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		3411	2	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				1
3404943	ALBEMARLE MENTA	79	29	THIS SERVICE IS NOT PAYABLE TO				
	L HEALTH CE			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8536	14	ATTENDING PROVIDER TYPE AND SP				
		0000	17	ECIALTY COMBINATION IS NOT	5	65	592	527
				VALID FOR SUBMITTED BILLING PR				
		8599	8	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404044		0.1	0.0	DUDY TOLDER OF OLLYW OVODDY				
3404944	EASTPOINTE HUMA	21	23	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
								+
		8518	12	CLAIM DENIED, SUBMITTED BEYOND	0	46	1196	1150
				FILING TIMELIMIT. PRIOR	_			
				FISCAL YEAR DOS (JULY 1 - JUNE				
		79	5	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
				PROVIDER TIPE AND SPECIALIT IN				
3404946	FOOTHILLS AREAM	21	544	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
								†
		8599	204	DETAIL NOT COVERED BY COMBINAT	7	995	5938	4943
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		191	69	CLIENT ID NUMBER DOES NOT MATC		 		-
		<u> </u>	-	H PATIENT NAME				
3404957	TIDELAND MENTAL	8518	37	CLAIM DENIED, SUBMITTED BEYOND				
	HEALTH CTR			FILING TIMELIMIT. PRIOR				
		1	1	FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	28	DETAIL NOT COVERED BY COMBINAT		1		<u> </u>
		0099		ION OF RECIPIENT, PROVIDER AND	11	81	2973	2892
				BENEFIT PACKAGE.		1		
					1	1		
		8931	9	AMTNC INELIGIBLE TO RECEIVE SE		1		
				RVICES IN IPRS.				
24040==		0.534		AMBRIDANA PROJECTOR MARRA				
3404979	NEW RIVER AREAM	8536	4.4	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT		1		
	H/DD/SA PRO			ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	1	1		<u> </u>
				VILLE TOR SUBMITTED BIBLING PR	1	1		1
		3412	43	PROVIDER TYPE AND SPECIALTY 07	0	136	5365	5229
				4/113 CANNOT BILL ENHANCED	0	136	5365	5229
				BENEFIT SERVICES ON OR AFTER D	1	1		
						1		
		8599	37	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND	1	1		
				BENEFIT PACKAGE.				